

ATTACHMENT A

Cities Readiness Initiative (CRI) 2009-2010

This grant agreement is intended to support the Local Health Department (LHD) for the purpose of engaging in Cities Readiness Initiative (CRI) activities and achieving measures associated with the Local Technical Assistance Review (LTAR). The overarching goal of the CRI program is to develop the capability to provide prophylaxis to 100% of the population in 48 hours. This agreement is intended to assist the LHD in meeting this goal by focusing activities on planning, training, and exercises.

The primary means through which the LHD will be evaluated on the achievement CRI activities is through the LTAR. Program staff from Indiana State Department of Health (ISDH) or the Centers for Disease Control and Prevention (CDC) will conduct the LTAR. The CDC will evaluate 25% of Indiana's CRI funded LHDs.

The LTAR originates from the CDC's Division of Strategic National Stockpile (DSNS) and addresses local mass prophylaxis capabilities. This LTAR identifies the minimum planning elements the LHD must address in the local mass prophylaxis plan AND the minimum annual training and exercise requirements the LHD must conduct in order to meet CRI measures. The focus of activity in this agreement supports the achievement of CRI measures indicated in the LTAR.

In keeping with the Pandemic and All-Hazards Preparedness Act (PAHPA), *transparency* and *accountability* will be incorporated into Indiana CRI activities. The CDC has indicated that CRI preparedness scores will be made public in the future. As such, all activities, pre-assessments, LTAR assessment scores, and reports that result from CRI funded activities may be made public by the ISDH. For each of the requirements below that include completion of a drill worksheet, the Grantee must utilize the forms as provided on the ISDH portal. All exercise related requirements should be conducted in accordance with the guidelines set forth in the Homeland Security Exercise and Evaluation Program (HSEEP).

Additional requirements in order for CRI jurisdictions to qualify for grant funding in Budget Period (BP) 10 include the following: In coordination with ISDH and the ISDH District Teams:

- 1. LTAR Gap Analysis** – All Grantees participating in the grant must complete an LTAR gap analysis specific to their jurisdiction and turn it in to ISDH by May 2, 2010. The gap analysis is intended to be used as a tool for the local health departments to identify their planning needs and to help them focus on strengthening these areas. This is also intended to help the health departments prepare for their evaluations in BP10. This analysis will consist of completing the gap analysis tool developed by ISDH. The ISDH team in your District may provide guidance in completing this gap analysis if requested.
- 2. Achieve Minimum Score of 79% on LTAR** – In order to fully meet the requirements and qualify for funding established for BP10, each CRI jurisdiction must score at least 79% on the LTAR document. It should be noted that while the BP10 grant attachment does not specifically list activities such as quarterly redundant communication drills, quarterly staff call down drills, point(s) of dispensing (POD) and hospital re-order drills as standalone requirements, they are still required by the LTAR and should be conducted in support of attaining the minimum score requirement. **ALL BP10 LTARs WILL BE COMPLETED BETWEEN MAY 10, 2010 AND JULY 16, 2010.**

3. **Quarterly Staff Call Down Drill** – This drill tests the validity of each jurisdiction’s call down lists and their ability to contact those staff in a timely manner. The drill should include both primary and backup staff. This drill should be conducted with no notice to the staff on the list in order to provide insight as to how many people on your list may or may not be available on any given day. This drill does not require the actual assembly of any of the persons being called. While conducting this drill, the appropriate worksheets should be completed providing the following information:

- the amount of time required to call staff;
- the amount of time required to receive acknowledgement of the message;
- the percentage of the staff that acknowledged receipt of the message;
- the percentage of the staff who reported being able to assemble at a pre-determined time if need be

This drill will be conducted on a quarterly basis. After each drill, each jurisdiction must complete an After Action Report/Improvement Plan (AAR/IP) and post them on the State portal. The drill worksheet should be submitted to ISDH.

4. **Site Call Down Drill** – The purpose of this drill is to test the availability of the different sites that a jurisdiction plans to use as a POD on any given day. This drill should be conducted with no notice to each identified POD within the Grantee’s jurisdiction at least one (1) time per year/per POD site. This drill does not require the actual activation of the PODs being called. While conducting this drill, the appropriate worksheets should be completed providing the following information:

- the name, and address of the site/facility;
- the amount of time required to call all sites on the site call down list;
- the amount of time required to receive acknowledgement from sites confirming receipt of the message, regardless of site availability;
- the percentage of the sites that acknowledged receipt of the message, regardless of site availability;
- the percentage of the sites that reported being able to make their sites available within pre-determined target time identified within the Memorandum of Understanding (MOU)

After each drill, the county must complete an AAR/IP and post them on the State portal. The drill worksheet should be submitted to ISDH.

5. **POD Setup Drill** - The purpose of this drill is to collect data and metrics on the ability to quickly set up a facility for use as a POD. The jurisdiction should first select a POD to use for the drill and should start with the facility in the condition they would expect to receive it from the owner and proceed to set it up as a POD. The jurisdiction should test and record the amount of time it takes to set up the POD completely including material, layout, and all supplies necessary to perform a given SNS function. After the POD setup is timed, an informal, un-timed walkthrough should be conducted in order to determine the quality of the setup and areas for improvement. As suggested in BP9, jurisdictions may choose to have volunteers run through their POD while it is setup and time throughput in order to earn additional points on their LTAR. A county must have a minimum of 65 people go through their POD to count as throughput (may be 33 people twice, etc.). After the drill, the county must complete an AAR/IP and post them on the State portal. The drill worksheet should be submitted to ISDH.

6. **Metropolitan Statistical Area (MSA) Wide POD throughput exercise (Indianapolis MSA Grantees Only)** – Each jurisdiction must participate in a POD throughput exercise within their MSA intended to measure maximum possible throughput. ISDH District teams will assist with the coordination of these exercises. Each jurisdiction must participate in the development, execution, and evaluation of the exercise. The exercise planning team should consist of representatives from each of the participating jurisdictions. Exercises must be posted on the National Exercise Schedule System (NEXS) and standard HSEEP documentation, including an Exercise Plan, Controller and Evaluator Handbook, and After Action Report/Improvement Plan must be developed.
7. **MSA Wide POD throughput exercise (Non District 5 Grantees)** – In coordination with ISDH and each MSA, the CRI jurisdiction will participate in a MSA wide mass prophylaxis dispensing exercise as planned by each MSA. Grantee will participate in the AAR conference, or submit a short report identifying their role, lessons learned, and recommendations for corrective actions to the ISDH CRI Program Director to be shared with that MSA.

Often times the preparation for dealing with an emergency must be balanced with the efforts being made to respond to an actual emergency. It is for this reason that relevant activities carried out during an emergency response, that mirror those required for preparedness, may be used in their place. If during the BP10 grant period, a jurisdiction is required to conduct activities in response to a real world emergency, it is possible they may use those activities to meet certain grant requirements. For example, if a jurisdiction is receiving emergency medical supplies from the State, and must conduct a call down of staff in preparation, a county may document this and use it as proof of a quarterly call down drill for LTAR and grant requirement purposes; or, if a jurisdiction is conducting a vaccination clinic, and decides to use one of their PODs for the clinic, the county can time the set up, complete the worksheet and after action report, and use that in place of their POD setup drill.

As jurisdictions plan response activities throughout the year, they should think about grant requirements and how they may be met through real world responsibilities. In order to use an activity to meet any requirement, the proper documentation and after action report must be completed. In order to meet one of the grant requirements, the activities must be related to the preparedness requirements set forth in the grant. A jurisdiction should check with the ISDH CRI Program Director to make sure the activity qualifies. **The final determination as to whether a real world activity fulfills a requirement in this grant lies with ISDH.**

BUDGET

Funds from this Grant are dedicated supplemental funds, which must be used for Public Health Preparedness and Emergency Response Cities Readiness Initiative purposes. In accordance with federal requirements, these funds must be used to accomplish the work plan activities outlined herein or support an activity derived directly from the CDC Public Health Preparedness & Response - Cities Readiness Initiative cooperative agreement guidance.

Federal Grant funds in the amount of \$856,931 have been awarded (statewide) for BP10 to support the Cities Readiness Initiative. These funds are awarded by Metropolitan Statistical Area (MSA) as defined by CDC and the State does not have the discretion to use funds awarded to one MSA in another MSA or jurisdiction. Each Grantee is eligible to receive a total allocation which includes an \$8,000 base plus a population based allocation.

Grantee must submit a budget detailing the proposed use of grant funds no later than December 1, 2009. ISDH will provide the budget proposal template. If it is determined that the proposed budget is not acceptable, ISDH personnel will contact the Grantee to alter or further develop the proposal as necessary. This approved budget may be altered, if necessary, on a monthly basis with written approval by ISDH. Although not required on the initial budget submission, grantee will be required to provide itemization and justification for Supply purchases (excluding general office supplies), Equipment purchases, and Contract services prior to procurement. The intent of this requirement is to mitigate and limit risks incurred by the Grantee for procuring goods and services that are unallowable under the federal grant. A standard template for itemization and justification will be provided, or itemization may be submitted via email as long as they include budget category, quantity, item description, unit cost, extended cost, and justification for use. **All Budget Revisions shall be submitted to ISDH Program Directors on or before July 23, 2010, for review and approval. Any revision requests received after that date, but prior to grant year end, may be evaluated on a case-by-case basis.**

The Grantee may have access to their allotted funds for reimbursement once the contract is fully signed, the State Purchase Order issued, and the proposed budget is approved by the ISDH staff. Grantee may have access to grant funds prior to the full completion of the required activities above. If funds are received by Grantee through this grant agreement without all grant requirements being met by the expiration of this grant agreement, or the due dates otherwise noted herein, the ISDH may withhold reimbursement, sanction the Grantee pursuant to the "Payment of Grant Funds by the State" clause in this grant agreement, or withhold a portion of a future year's grant. This requirement is also defined within PAHPA and the federal grant guidance.

This is a cost reimbursement agreement. All claims for reimbursement shall be submitted electronically through the ISDH ACIS claims management system within the Indiana Health Data Center Portal. Reimbursement requests shall be submitted monthly in arrears. All funds unexpended by the Grantee at yearend will revert and are unavailable for carry-over.

The Grantee must maintain copies of all source documentation for reimbursements claimed. A copy of this documentation does not have to be submitted to the State in conjunction with the claim, but may be requested at any time pursuant to the Access to Records clause in this grant agreement.

**** All grant funds must be encumbered on or before August 9, 2010. ****

Supplementary Information

Supplant means using Federal funds to replace other Federal, State or local funds. Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section.

Time & Activity Cost Allocations: Please note that OMB Circular A-87, Appendix B Part 225, section 8 provides specific requirements for compensation reimbursement of personnel services. Please specifically note the requirements established under 8H4 for documentation of salary and fringe cost distributions when a position is funded by more than one source.

Allowable & Unallowable Costs: Proposed use of funds may include personnel, consulting, in-state and/or out-of-state travel, supply, equipment, contractual, and other operating costs. However, under the Centers for Disease Control and Prevention Public Health Preparedness cooperative agreement, the following cost types are not allowable for reimbursement. Please note that this list is not meant to be all-inclusive, but to identify quick responses to those most frequently requested. A quick reference table specifying some allowable and unallowable types of cost can also be referenced in “Exhibit 4” of the PHS Policy Grants Statement (pages: II-31 through II-44).

- Funds may not be used to Supplant other federal, state or local expenditures
- Funds may not be used to Purchase vehicles, four-wheelers, golf carts, or any other type of transportation device
- Funds may not be used for Construction. Funds may be used on a limited basis for Alteration & Renovation with PRIOR approval from the State and/or Federal Government
- Funds may not be used for advertising costs except as required for staff recruitment or as required for competitive procurement of goods and services.
- Funds may not be used to pay for general Out-of-State conference travel. Grantees within the Chicago, Louisville or Cincinnati MSAs will be expected to travel Out-of-State to participate in MSA wide exercises. However, in order to use grant funds to reimburse travel, a written request to attend must be submitted to the ISDH 90 days in advance. All travel costs will be reimbursed in accordance with the Indiana Department of Administration travel policy unless the Grantee’s travel rules are more stringent or reimbursement rates are lower.
- Funds may not be used to purchase Haz-Mat or Fire supplies and equipment.
- Funds may not be encumbered for use in the next fiscal year.
- Funds may not be used for entertainment purposes
- Funds may not be used to purchase food or supplies for the provision of food and refreshments, except as part of a per diem or subsistence allowance provided in conjunction with allowable travel
- Funds may not be used to purchase incentives
- Funds may not be held or set aside as contingency funds
- Funds may not be used to purchase anti-viral drugs, seasonal influenza vaccine, novel H1N1 vaccine, pneumococcal vaccine, or other medications and medical supplies for use on the general population. Prophylaxis for health department first responders and their families may be considered acceptable with PRIOR written approval from the CDC Division of State and Local Readiness Project Officer & Division of Strategic National Stockpile Subject Matter Expert through the ISDH.

Match: Although not required under this grant agreement, it is requested that the Grantee report to the State any non-federal grant funds used to support Preparedness, CRI, Early Warning Infectious Disease Surveillance, or Pandemic Influenza planning, training, exercising, response, or recovery activities not previously reported as Match against another Federal Grant. These expenditures must be supported with expenditure detail that may be reported and provided to the Federal government through the State. All expenses reported must be expenses concurrent to the grant period. Please contact the ISDH if you believe that you have expenses or donated services which may apply.

Publications: Publications, journal articles, etc. produced under a CDC grant supported project must bear an acknowledgement and disclaimer as appropriate, such as: “This publication (journal article, brochure, etc.) was supported using resources provided under federal grant award number (insert award number from federal funding information identified on Grant agreement) from the Centers for Disease Control & Prevention, Coordinating Office of Terrorism Prevention and Emergency Response (COTPER) through the Indiana State Department of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the State or Federal government.”

Additional Grant Resources: In addition to the Federal and State legal codes referenced within the main body of this agreement, the following is a quick list of references that may be used to determine whether or not the proposed use of funds by the LHD are allowable under this agreement:

- 45CFR92 – quick internet reference:
http://www.access.gpo.gov/nara/cfr/waisidx_99/45cfr92_99.html
- OMB Circular A-87: This circular establishes the cost principles for costs incurred by state, local and Federally-recognized Indian tribal governments under the cooperative agreement.
http://www.whitehouse.gov/omb/circulars_a087_2004/
- OMB Circular A-102: This circular establishes the uniform administrative requirements for cooperative agreements to state and local governments and Federally-recognized Indian tribal governments. <http://www.whitehouse.gov/omb/circulars/a102/a102.html>
- OMB Circular A-133: This circular establishes the standards by which Federal audits of state and local governments, Indian Tribes, and non-profit organizations will be conducted.
<http://www.whitehouse.gov/omb/circulars/a133/a133.html>
- HHS Policy Grants Statement: The Health and Human Service Policy Grants statement provides additional guidance and administrative terms and conditions of HHS discretionary grant awards and cooperative agreements. http://www.hhs.gov/grantsnet/docs/HHSGPS_107.doc
- Pandemic & All Hazards Preparedness Act: The following is the web-link to the law enacted in December of 2006. <http://www.hhs.gov/aspr/omsph/nbsb/publiclaw109417.pdf>

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